

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030854

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED SEP 1 1962

Primary Registration District No.

1002

Registrar's No.

4485

STATE FILE NUMBER

VS 300
Rev. 4/59

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230382

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9420.1

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1290-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas city</i>		c. CITY OR TOWN <i>Kansas city</i>	
Length of stay in 1b <i>53 yrs</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>526 Tracy</i>		d. STREET ADDRESS (If outside, give location) <i>526 Tracy</i>	
3. NAME OF DECEASED (Type or print) First <i>GIOVANNIA</i> Middle <i>(ARNONE)</i> Last <i>BRAMANTE</i>		4. DATE OF DEATH Month <i>8</i> Day <i>30</i> Year <i>1962</i>	
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>Wh.</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-24-1873</i>
9. AGE (last birthday) <i>89</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <i>Sicily</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Salvatore Arnone</i>		13b. MOTHER'S MAIDEN NAME <i>Congetta Bidatto</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Mathew Bramante 526 Tracy</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Coronary Thrombosis</i> DUE TO (b) <i>Coronary Sclerosis</i> DUE TO (c) <i>8/26-62</i> INTERVAL BETWEEN ONSET AND DEATH <i>18-59</i>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>8-26-62</i> to <i>8-29-62</i> and last saw her alive on <i>8-29-62 PM</i> Death occurred at <i>526 Tracy - 8/30-62 5:30 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>A. Saladino. M.D.</i>	
22b. ADDRESS <i>1040 Argyle Blvd</i>		22c. DATE SIGNED <i>8-31-62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>9-1-1962</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>St Mary's</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas city Mo</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Ramantino Bros KC Mo</i>		25. DATE RECD. BY LOCAL REG. <i>8-31-62</i>	
26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Dr. Salvador

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Alb. L. Lussantino

Licensed Embalmer No. 4554

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.